

Case Number:	CM13-0070396		
Date Assigned:	01/03/2014	Date of Injury:	08/15/2012
Decision Date:	06/04/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old female who reported an injury on 8/15/12 due to a fall. The injured worker's diagnoses include lumbar sprain, myalgia and myositis, nonallopathic lesion of the lumbar spine, thoracic or lumbosacral neuritis or radiculitis, unspecified anxiety, and unspecified sleep disorder. The injured worker's treatment history included acupuncture, chiropractic care, and physical therapy. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker had low back pain radiating into the bilateral lower extremities. Physical findings included positive orthopedic tests, normal lumbar range of motion, and normal neurological examination findings. Treatment recommendations included referral for psychological consultation, a referral for pain management, and a referral for localized intense neurostimulation therapy with trigger point impedance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TRIGGER POINT IMPEDANCE IMAGING/LOCALIZED INTENSE NEUROSTIMULATION THERAPY ONCE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The California MTUS/ACOEM does not address this request, so alternate guidelines were used. The Official Disability Guidelines do not recommend hyperstimulation analgesia as there is little scientific evidence to support the efficacy of this type of treatment. It is still considered investigational and experimental. There are no exceptional factors or extenuating circumstances noted to go beyond guideline recommendations. As such, the request is not medically necessary.